

NOTICE OF GRANT AVAILABILITY

NAME OF GRANT PROGRAM:

NJ EMS Task Force Communications Vehicle

GRANT PROGRAM NO. 13-118-EMS

STATUTORY AUTHORITY:

42 USC CHAPTER 6A - Public Health Service Act

TYPE OF AWARDS TO BE ISSUED:

Letter of Agreement

2005 Ford Excursion Vehicle & Equipment

PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The purpose of this Grant is to support the development of an Emergency Medical Service (EMS) response capability in New Jersey by enhancing communications between EMS stakeholders and the New Jersey Emergency Medical Services Task Force (NJEMSTF) particularly during an emergency. The goal is to place a communications vehicle (as is), currently owned by the State of New Jersey, with an approved EMS Task Force agency in the state.

AMOUNT OF MONEY IN THE GRANT PROGRAM:

2005 Ford Excursion Vehicle & Equipment - no grant funds

ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

A NJEMSTF agency (non-profit or for-profit) approved by the NJ Department of Health & Senior Services.

QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

The applicant shall be a Licensed New Jersey Mobile Intensive Care Provider with Certificate of Need responsibilities or a New Jersey EMS Provider. The applicant MUST be a current active participant/member of the NJEMSTF.

APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: www.sage.nj.gov. The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Office of Emergency Medical Services - 609-633-7777 - Contact information below.

FOR INFORMATION CONTACT:

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Office of Emergency Medical Services
PO Box 360
Trenton, NJ 08625

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FAX: 609-633-7954

E-MAIL: Terry.Clancy@doh.state.nj.us

DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

August 1, 2012

DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

September 15, 2012

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